CHIPPEWA MANOR NURSING HOME

222 CHAPMAN ROAD

CHIPPEWA FALLS 54729 Phone: (715) 723-4437		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	90	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	90	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	85	Average Daily Census:	85

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/03)	Length of Stay (12/31/03)	용
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 					28.2 42.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65 65 - 74		More Than 4 Years	14.1
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	1.2	75 - 84	32.9	İ	84.7
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic		85 - 94 95 & Over		************************************	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures		 		Nursing Staff per 100 Res: (12/31/03)	idents
Other Meals	No	Cardiovascular	14.1	65 & Over	98.8	i	
Transportation Referral Service	No No	Cerebrovascular Diabetes		 Gender	 8	RNs LPNs	16.4 5.0
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions		 Male		Nursing Assistants, Aides, & Orderlies	38.7
Mentally Ill	No			Female	78.8	İ	30.7
Provide Day Programming for Developmentally Disabled	No	 	100.0	 -	100.0	I and the second	to de de de de de de de de

Method of Reimbursement

		edicare			edicaid			Other		:	Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	4.9	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.4
Skilled Care	10	100.0	290	33	80.5	108	0	0.0	0	29	85.3	134	0	0.0	0	0	0.0	0	72	84.7
Intermediate				6	14.6	89	0	0.0	0	5	14.7	134	0	0.0	0	0	0.0	0	11	12.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		41	100.0		0	0.0		34	100.0		0	0.0		0	0.0		85	100.0

Deaths During Reporting Period	1						
3 1 3	į				% Needing		Total
Percent Admissions from:	-	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	15.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	11.8		63.5	24.7	85
Other Nursing Homes	6.4	Dressing	16.5		62.4	21.2	85
Acute Care Hospitals	76.4	Transferring	36.5		51.8	11.8	85
Psych. HospMR/DD Facilities	0.0	Toilet Use	28.2		64.7	7.1	85
Rehabilitation Hospitals	0.0	Eating	76.5		15.3	8.2	85
Other Locations	1.4	* * * * * * * * * * * * * * * * * * * *	*****	*****	******	******	*****
Total Number of Admissions	140	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.7	Receiving Resp	iratory Care	24.7
Private Home/No Home Health	30.6	Occ/Freq. Incontinen	t of Bladder	43.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	18.1	Occ/Freq. Incontinen	it of Bowel	28.2	Receiving Suct	ioning	0.0
Other Nursing Homes	2.8				Receiving Osto	my Care	1.2
Acute Care Hospitals	13.9	Mobility			Receiving Tube	Feeding	1.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	25.9
Rehabilitation Hospitals	0.0						
Other Locations	6.3	Skin Care			Other Resident C	haracteristics	
Deaths	28.5	With Pressure Sores		4.7	Have Advance D	irectives	94.1
Total Number of Discharges	1	With Rashes		2.4	Medications		
(Including Deaths)	144				Receiving Psyc	hoactive Drugs	69.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	용	Ratio	8	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.4	86.2	1.10	87.1	1.08	88.1	1.07	87.4	1.08
Current Residents from In-County	90.6	78.5	1.15	81.0	1.12	82.1	1.10	76.7	1.18
Admissions from In-County, Still Residing	23.6	17.5	1.35	19.8	1.19	20.1	1.17	19.6	1.20
Admissions/Average Daily Census	164.7	195.4	0.84	158.0	1.04	155.7	1.06	141.3	1.17
Discharges/Average Daily Census	169.4	193.0	0.88	157.4	1.08	155.1	1.09	142.5	1.19
Discharges To Private Residence/Average Daily Census	82.4	87.0	0.95	74.2	1.11	68.7	1.20	61.6	1.34
Residents Receiving Skilled Care	87.1	94.4	0.92	94.6	0.92	94.0	0.93	88.1	0.99
Residents Aged 65 and Older	98.8	92.3	1.07	94.7	1.04	92.0	1.07	87.8	1.13
Title 19 (Medicaid) Funded Residents	48.2	60.6	0.80	57.2	0.84	61.7	0.78	65.9	0.73
Private Pay Funded Residents	40.0	20.9	1.91	28.5	1.40	23.7	1.69	21.0	1.91
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	56.5	28.7	1.96	33.8	1.67	35.8	1.58	33.6	1.68
General Medical Service Residents	4.7	24.5	0.19	21.6	0.22	23.1	0.20	20.6	0.23
Impaired ADL (Mean)	40.7	49.1	0.83	48.5	0.84	49.5	0.82	49.4	0.82
Psychological Problems	69.4	54.2	1.28	57.1	1.22	58.2	1.19	57.4	1.21
Nursing Care Required (Mean)	7.5	6.8	1.11	6.7	1.12	6.9	1.09	7.3	1.02